

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-031663

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

LED AUG 23 1961

1. PLACE OF DEATH

a. COUNTY

Washington

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Breton

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION 1 1/2 miles East Potosi, Mo.

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Crawford

c. CITY
OR
TOWN Cuba

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

304 Springfield

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Robert

Andrew

Black

4. DATE

Month

Day

Year

OF

DEATH

Aug.

18.

1961

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-10-1928

9. AGE (last birthday)

33

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10b. KIND OF BUSINESS OR INDUSTRY

Tobacco Company

11. BIRTHPLACE (City and state or country)

Rivermines, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Emmett B. Black

13b. MOTHER'S MAIDEN NAME

Mary E. Bremmer

14. NAME OF HUSBAND OR WIFE

Margaret Black

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

304 Springfield

Margaret Black, Cuba, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Brain Compression - lung perforations

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Airplane accident

DUE TO (c)

INTERVAL BETWEEN
ONSET AND DEATHPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Airplane accident

20c. TIME OF
INJURYHour
p.m.Month, Day, Year
8-18-6120d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

near Potosi, Mo.

20f. CITY, TOWN, OR LOCATION

Mineral Point Potosi Wash., Mo.

COUNTY

STATE

21. I attended the deceased from

to

and last saw him alive on

Death occurred at 12:15 PM

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

D.L. Gibson D.L. Conover Wash Co. Potosi, Mo.

Potosi, Mo.

8-19-61

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

Aug. 20, 1961

23c. NAME OF CEMETERY OR CREMATORY

Cuba Cemetery

23d. LOCATION (City, town, or county)

Cuba, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Donald Sparks

Potosi, Missouri

25. DATE REC'D. BY LOCAL REG.

8/19/61

26. REGISTRAR'S SIGNATURE

[Signature]

(Licensed Embalmer's Statement on Reverse Side)

AUG 25 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald Sparks

Licensed Embalmer No. 4819

P. O. Address Potosi, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.